



WISCONSIN EMERGENCY MANAGEMENT

EXERCISE NOTIFICATION MEMO

Please submit an electronic copy to the Wisconsin Emergency Management Lead Exercise officer and your Regional Director at least 60 days prior to the actual exercise date.

TO: WEM Lead Exercise Officer
WEM Regional Director

DATE: _____

FROM: _____

TITLE: _____

COUNTY/CITY: _____

EXERCISE DATE: _____

EXERCISE TIME: From _____ To _____

EXERCISE LOCATION, ADDRESS, AND CONTACT INFORMATION: _____

TYPE OF EXERCISE:

<input type="checkbox"/>	Workshop	<input type="checkbox"/>	Functional
<input type="checkbox"/>	Tabletop	<input type="checkbox"/>	Full-scale

NAME OF EXERCISE SAFETY OFFICER _____ **(Full Scale & Functional)**

Core Capabilities to be tested include: (check all that apply)

<input type="checkbox"/>	Access Control & Identity Verification	<input type="checkbox"/>	Mass Care Services
<input type="checkbox"/>	Community Resilience	<input type="checkbox"/>	Mass Search & Rescue Operations
<input type="checkbox"/>	Critical Transportation	<input type="checkbox"/>	Natural & Cultural Resources
<input type="checkbox"/>	Cybersecurity	<input type="checkbox"/>	On-scene Security, Protection, and Law Enforcement
<input type="checkbox"/>	Economic Recovery	<input type="checkbox"/>	Operational Communications
<input type="checkbox"/>	Environmental Response/Health & Safety	<input type="checkbox"/>	Operational Coordination
<input type="checkbox"/>	Fatality Management Service	<input type="checkbox"/>	Physical Protective Measures
<input type="checkbox"/>	Fire Management and Suppression	<input type="checkbox"/>	Planning
<input type="checkbox"/>	Forensics & Attribution	<input type="checkbox"/>	Public Health, Healthcare, & Emergency Medical Services
<input type="checkbox"/>	Health & Social Services	<input type="checkbox"/>	Public Information & Warning
<input type="checkbox"/>	Housing	<input type="checkbox"/>	Risk & Disaster Resilience Assessment
<input type="checkbox"/>	Infrastructure Systems	<input type="checkbox"/>	Risk Management for Protection Programs & Activities
<input type="checkbox"/>	Intelligence & Information Sharing	<input type="checkbox"/>	Screening, Searching, & Detection
<input type="checkbox"/>	Interdiction & Disruption	<input type="checkbox"/>	Situational Assessment
<input type="checkbox"/>	Long-Term Vulnerability Reduction	<input type="checkbox"/>	Supply Chain Integrity & Security
<input type="checkbox"/>	Logistics and Supply Chain Management	<input type="checkbox"/>	Threat & Hazard Identification

EXERCISE SCENARIO SUMMARY:

Describe in detail the exercise scope including the scenario, activities, participating agencies, and number of participants.

LIABILITY & WORKERS' COMPENSATION, Requested through State of Wisconsin:

(Note: Only complete this section if requesting coverage and exercise is a functional or full-scale exercise designed, developed, and facilitated by WEM.)

Coverage requested: _____ Liability _____ Workers Comp. No. of volunteers requiring coverage: _____

Type and affiliations of volunteers: _____

Activities of the volunteers: _____

Training volunteers will receive: _____

Wisconsin Emergency Management Office:

Date received: _____

Training & Exercise Supervisor recommendation: Approve or Deny _____

WEM General Counsel recommendation: Approve or Deny _____

WEM Administrator decision: Approve or Deny _____

Notification letter sent: yes no Date: _____

If Approved:

Volunteer sign-in sheet received: _____ AAR received: _____